

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	M-H	683	01-29-01
<b>RESPONSE FORMALITY REVIEW</b>	Yan	657	6/26/01
	DA	825	8/15/01

**INDEX OF CLAIMS**

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
— (Through numeral)	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
Final	
Original	12/5 01/02
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Claim	Date
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Claim	Date
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**BEST AVAILABLE COPY**If more than 150 claims or 10 actions  
staple additional sheet here